Youth Consent Form (School Years 7-13)

Church of England Diocese of Oxford
Christ Church, Abingdon, Northcourt Road and Long Furlong

Please tick the groups your child attends:

Younger Youth: ☐ Lazers ☐ Pathfinders ☐ Genesis **Older Youth:** ☐ 4Filled ☐ Space ☐ Space Band

1. Young Person's Details

Full Name:	Date of Birth:
Email:	Mobile phone:
Address: Post Code:	
Name of School:	School Year:

2. Parent / Guardian Contacts

Name:	Name:
Email:	Email:
Home phone:	Home phone:
Mobile phone:	Mobile phone:

3. Medical Details (Including for trips out such as socials, weekend away, New Wine, Soul Survivor, etc)

Doctor's name:	Phone:
Surgery address:	
Child's national health number (if available):	

Health information will be shared with relevant youth leaders (Please circle) Please Give Extra Details Below or Continue Overleaf

Does your child have asthma?	No	Yes	
Does your child have any allergies?	No	Yes	
Does your child have any specific dietary needs? *(e.g. gluten free, vegetarian, dairy-free, etc.)*	No	Yes	
Does your child take any regular medication?	No	Yes	
Will your child have any medicines with them? *(e.g. inhaler, epi-pen, paracetamol, etc.)*	No	Yes	
Are there any other medical conditions which may affect normal activity? *(e.g. diabetes, long term illness, injuries, etc.)*	No	Yes	
Does your child have any additional learning or behavioural needs?*	No	Yes	

**If your child has additional needs then please give details of how we can best help your child to be fully included overleaf. For example, do they need ear defenders, a visual timetable or one-to-one assistance? Please also complete a "Getting to know me" form with your child.*

4. Consent (please put a line through any statements that you are not giving consent for)

I give permission for:

- the named young person to attend and take part in meetings, socials, outings, residential activities, and other events organised by or for Christ Church Abingdon.
- the named young person to make their own way home from groups and events.
- photos and video to be taken of the young person during events, and for those photos and video to be used in short films and publicity for Christ Church. Photos may be used on the church website, social media and printed media *(children will not be named)*
- my contact details to be held on the Christ Church Database, and to be contacted periodically with information concerning forthcoming youth and church events.
- the named young person's contact details to be held on the Christ Church Database, and used to contact them about youth events and news in accordance with Data Protection and Child Protection Policies.
- *(Yr 10+ only)* the named young person to join the Space Facebook group(s), if they wish, and to be contacted through social media in accordance with our Social Media Policy.
- *(Yr 10+ only)* the named young person to meet 1:1, if they wish, with a youth leader. Meetings will always take place in a public location, in accordance with our Child Protection Policies.

In case of illness or accident I authorise:

- The leader(s) of the event to sign on my behalf any written consent required by the medical authorities should there be any delay in them being able to contact me.
- The leader(s) to administer prescribed and non-prescribed medication

Signature of parent/guardian_____ Date_____

Please return this form to your group leader and inform us if any of the above details change.
All data is held in accordance with Christ Church Abingdon's Data Protection Policy. Contact office@cca.uk.net for further info.